CANDIDA' CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR.	FIRST JIMMY	мі L.	OFFICE USE ONLY
NAME	NICKNAME	LAST EVANS	SUFFIX 	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	9711 South M		city; state; zip code chmond TX 77407	<b>REC'D-BBM</b> JAN 1 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 281 )	PHONE NUMBER 451-7351	EXTENSION	FORT BEND COUNTY ELECTIONS  Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Paul LAST Rhodes	MI A. SUFFIX Sr.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S lason Rd #491	uite #; city;	STATE; ZIP CODE  TX 77407
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 713 )	PHONE NUMBER 270-6629	EXTENSION	
9 REPORT TYPE	January 15  July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 08	Day Year / 04 / 2023	Month THROUGH 12	Day Year / 2023
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any	)	13 OFFICE SOUGHT (If known FORT BEND COUN	TY CONSTABLE PRECINCT 4
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THE CANDIDATE / DEEL	CEHOLDER THESE EXPENDITURE:	S MAY HAVE BEEN MADE WITHOUT THE CANN RED TO REPORT THIS INFORMATION ONLY IF T	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	JIMMY LEE EVA	NS, III	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, C	POLITICAL CONTRIBUTIONS (OTHER THA OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL (OTHER THAN PLEDO	CONTRIBUTIONS GES, LOANS, OR GUARANTEES OF LOANS	\$ 9816.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL	EXPENDITURES	\$ 5381.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO OF REPORTING PER	ONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY \$ 4593.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AN LAST DAY OF THE RI	MOUNT OF ALL OUTSTANDING LOANS AS C EPORTING PERIOD	\$ 0.00
	wear, or affirm, under penalty of uired to be reported by me under	perjury, that the accompanying report is tru	e and correct and includes all information
160	uned to be reported by the drider	The 15, Election Code.	
			s/JLE,III
		Signature of C	andidate or Officeholder
	Please	complete either option belov	N:
	1 10000		••
(1) Affidovit			
(1) Affidavit			
NOTARY STAMP/SEAL			
		4.4	description of
		this the	, day or,
20, to certify	which, witness my hand and seal o	f office.	
Signature of officer administe	ring oath Printed n	ame of officer administering oath	Title of officer administering oath
AND THE RESERVE OF THE PERSON		OR	
(2) Unsworn Declaration	on		
My name is	JIMMY LEE EVANS, III	, and my date of birth is	01/25/66
	711 South Mason Rd #491		TX , 77407 , USA .
	(street)	(city)	(state) (zip code) (country)
Executed in Fort Be		TX on the 10th day of Ja	anuary <sub>20</sub> 24
LAGORIOU III	County, otate of	(mont	h)/s/JLE,III
		-	idate/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	JIMMY LEE EVANS, III	mission Filers)					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2691.20				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 3181.22				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$				
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2200.00				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$				

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	e Instruction Guide explains how	to complete thi	is form.		1 Total pages Schedule A1:
2 FILER NAME	JIMMY LEE E\	/ANS, III		-	3 Filer ID (Ethics Commission Filers)
4 Date	Lynette Scott			7 Amount of contribution (\$)	
08/10/23	6 Contributor address;	City;	State;	Zip Code	500.00
	8318 Kirkbrook Dr	Houston	TX	77089	No.
8 Principal occupation / Job title (See Instructions)  Management  9 Employer (See Instructions)					ctions)
Date	Full name of contributor Norma Andrade	out-of-state PAC (ID#:)		Amount of contribution (\$)	
08/10/23	Contributor address;	City;	State;	Zip Code	200.00
	2007 Greensford Ct	Houston	TX	77049	
Principal occupation / Job title (See Instructions)  law enforcement  Employer (See Instructions)			yer (See Instru	ctions) Harris Co	
Date	Full name of contributor Kia Scales	out-of-state PA	AC (ID#:		Amount of contribution (\$)
08/10/23	Contributor address;	City; State; Zip Code		500.00	
	3 Dessert Willow Ct	Manvel	TX	77578	
Principal occu	upation / Job title (See Instructions) Contract Administrator		Emplo	oyer (See Instru Ha	arris Health System
Date	Full name of contributor ☐ out-of-sta		AC (ID#:)		Amount of contribution (\$)
08/11/23	Contributor address;	City;	State;	Zip Code	100.00
	6511 Pinebrook Bridge Ln	Spring	TX	77379	
Principal occu	upation / Job title (See Instructions) law enforcement		Emplo	oyer (See Instru	uctions)  Harris Co

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1: 10
2 FILER NAME	JIMMY LEE EV	ANS, III			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/14/23	Samuel Glaze	out-of-state PAC		Zip Code	7 Amount of contribution (\$)  100.00
		issouri City	,	7459-2699	
8 Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)   1   1   2   3   4   4   4   4   4   4   4   4   4					tions) Houston
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
08/14/23	Contributor address;	City;	State;	Zip Code	250.00
	603 S Marathon Way	Stafford	TX	77477	
Principal occup	pation / Job title (See Instructions) unemployed		Emplo	oyer (See Instruct	ions) N/A
Date	Full name of contributor Nichole Allen	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
08/15/23	Contributor address;	City;	State;	Zip Code	200.00
a in the second	10307 Bretton	Houston	TX	77016	
Principal occu	pation / Job title (See Instructions) law enforcement		Emplo	oyer (See Instruct	Harris Co
Date	Full name of contributor Kevin Williams	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
08/15/23	Contributor address;	City;	State;	Zip Code	300.00
	9423 Bronze Shore Dr	Rosharon	TX	77583	
Principal occu	pation / Job title (See Instructions) law enforcement		Emplo	oyer (See Instruct	tions) Missouri City
1					

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	JIMMY LEE EV	/ANS, III		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/17/23	Full name of contributor     Chaka Long	out-of-state PAG		7 Amount of contribution (\$)
06/17/23	6 Contributor address;	City;	State; Zip Code	100.00
	4407 Arcola Landing Ct	Porter	TX 77365	
8 Principal occupation / Job title (See Instructions)  law enforcement  9 Employer (See Instructions)		9 Employer (See Instruc	tions) Harris Co	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/17/23	Brandon Smith  Contributor address;	City;	State; Zip Code	100.00
	PO Box 62023	Houston	TX 77205	
Principal occupation / Job title (See Instructions) unemployed			Employer (See Instructions) N/A	
Date 08/19/23	Full name of contributor Traviata Lewis	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
06/19/23	Contributor address;	City;	State; Zip Code	100.00
	8506 Aster Glen Way	Rosharon	TX 77583	
Principal occup	pation / Job title (See Instructions) law enforcement		Employer (See Instruc	tions) Harris Co
Date	Full name of contributor Reginald Lewis	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/20/23	Contributor address;	City;	State; Zip Code	250.00
	20407 Sabal Palms Pk	Katy	TX 77449	
Principal occup	Dation / Job title (See Instructions)  law enforcement		Employer (See Instruc	tions) Harris Co

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to complete	1 Total pages Schedule A1:	
2	FILER NAME	JIMMY LEE EVANS, III		3 Filer ID (Ethics Commission Filers)
4	Date	<b>5</b> Full name of contributor ☐ out-of-state Kenneth Johnson	PAC (ID#:)	7 Amount of contribution (\$)
	08/21/23	6 Contributor address; City;	State; Zip Code	25.00
		185 Western Way Waxahachie	e TX 75165	
8	Principal occu	pation / Job title (See Instructions) Sales	tions) a-Cola Southwest	
4	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	09/05/23	Contributor address; City;	State; Zip Code	50.00
	- *	2401 W Pflugerville Pkwy #514 Round	Rock TX 78664	
Principal occupation / Job title (See Instructions)  Education  Employer (See Instruct  TX State				tions) e University
	Date	Kia Johnson Scales	PAC (ID#:)	Amount of contribution (\$)
	09/06/23	Contributor address; City;	State; Zip Code	500.00
		3 Desert Williow Ct Manvel	TX 77578	
	Principal occup	cation / Job title (See Instructions)  Contract Administrator	Employer (See Instruc Ha	tions) rris Health System
	Date	Full name of contributor ☐ out-of-state  Kevin Raven	PAC (ID#:)	Amount of contribution (\$)
	09/09/23	Contributor address; City;	State; Zip Code	200.00
		2619 Autrey Landing Missouri City	/ TX 77459	
	Principal occup	pation / Job title (See Instructions) law enforcement	Employer (See Instruc	tions) Houston

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Cuide avalains how	to complete this	£	1 Total pages Schedule A1:
ine	Instruction Guide explains how	to complete this		10
2 FILER NAME	JIMMY LEE EV	/ANS, III		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Herschel Smith	out-of-state PAC	C (ID#:	7 Amount of contribution (\$)
09/18/23	6 Contributor address;	City;	State; Zip Code	100.00
	PO Box 653	Prairie View	TX 77446	
8 Principal occu	pation / Job title (See Instructions) unemployed		9 Employer (See Instru	uctions) N/A
Date	Full name of contributor Reginald Lewis	out-of-state PAC	C (ID#:	Amount of contribution (\$)
09/29/23	Contributor address;	City;	State; Zip Code	100.00
	20407 Sabal Palms Pk	Katy	TX 77449	
Principal occup	ation / Job title (See Instructions) law enforcement		Employer (See Instru	uctions) Harris Co
Date	Full name of contributor Octavia Elmore	out-of-state PAC	C (ID#:	Amount of contribution (\$)
10/01/23	Contributor address;	City;	State; Zip Code	100.00
el -	184 Fawaz Dr	Killeen	TX 76542	i v i i i i
Principal occup	ation / Job title (See Instructions) unemployed		Employer (See Instru	uctions) N/A
Date	Full name of contributor Reginald Lewis	out-of-state PAC	> (ID#:	Amount of contribution (\$)
10/12/23	Contributor address;	City;	State; Zip Code	250.00
	20407 Sabal Palms Pk	Katy	TX 77449	
Principal occup	nation / Job title (See Instructions) law enforcement		Employer (See Instru	uctions) Harris Co

## SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how		1 Total pages Schedule A1:		
2 FILER NAME	JIMMY LEE E\	/ANS, III			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor     Reginald Lewis	out-of-state PAC (ID#:)			7 Amount of contribution (\$)
11/09/23	6 Contributor address;	City;	State;	Zip Code	100.00
	20407 Sabal Palms Pk	Katy	TX	77449	
8 Principal occupation / Job title (See Instructions)   aw enforcement   9				ctions) Harris Co	
Date	Full name of contributor Tramine Jackson	out-of-state PA	out-of-state PAC (ID#:)		Amount of contribution (\$)
11/10/23	Contributor address;	City;	State;	Zip Code	100.00
	8827 Roaring Point Dr	Houston	TX	77088	
Principal occup	pation / Job title (See Instructions) law enforcement		Emplo	yer (See Instruc	tions) Harris Co
Date	Full name of contributor  Joseph Campbell	out-of-state PA	.C (ID#:	)	Amount of contribution (\$)
11/17/23	Contributor address;	City; State; Zip Code			75.00
	2410 Quiver Ln	Houston	TX	77067	
Principal occup	pation / Job title (See Instructions) law enforcement		Emplo	yer (See Instruc	tions) Harris Co
Date	Full name of contributor Courtney Waller	out-of-state PA	out-of-state PAC (ID#:)		Amount of contribution (\$)
11/25/23	Contributor address;	City;	State;	Zip Code	100.00
	1200 Travis	Houston	TX	77002	
Principal occup	pation / Job title (See Instructions) law enforcement		Emplo	oyer (See Instruc	tions) Houston

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	JIMMY LEE EV	/ANS, III			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor     Cedric Collier	Out-of-state PAC (ID#:)			7 Amount of contribution (\$)
11/25/23	6 Contributor address;	City;	State;	Zip Code	50.00
	9207 Willow St	Houston	TX	77088	
8 Principal occu	pation / Job title (See Instructions) law enforcement		9 Empl	oyer (See Instruc	l tions) Harris Co
Date	Full name of contributor Redell Wooten	tributor			Amount of contribution (\$)
11/25/23	Contributor address;	City;	State;	Zip Code	100.00
	9719 W. Airport	Houston	TX	77031	
Principal occup	nation / Job title (See Instructions) unemployed		Emplo	oyer (See Instruc	tions) N/A
Date	Full name of contributor Christopher Drake	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
11/26/23	Contributor address;	City;	State;	Zip Code	100.00
	611 Shepherd Dr #214	Houston	TX	77007	
Principal occup	pation / Job title (See Instructions) law enforcement		Emplo	oyer (See Instruc	tions) Harris Co
Date	Full name of contributor Althea Grimage	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
11/27/23	Contributor address;	City;	State;	Zip Code	250.00
	9900 Preserve Way	Conroe	TX	77385	
Principal occup	pation / Job title (See Instructions) law enforcement		Empl	oyer (See Instruc	tions) Harris Co

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1: 10
2 FILER NAME	JIMMY LEE EV	'ANS, III			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor     Leonard Tyson	out-of-state PA	C (ID#:	)	7 Amount of contribution (\$)
12/01/23	6 Contributor address;	City;	State;	Zip Code	200.00
	1324 North Houston Ave	Humble	TX	77338	
8 Principal occupation / Job title (See Instructions)  Chefs O.O.  9 Employer (See Instructions)  Gems				stone Management	
Date	Full name of contributor Reginald Lewis	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
12/08/23	Contributor address;	City;	State;	Zip Code	100.00
	20407 Sabal Palms Pk	Katy	TX	77449	
Principal occupation / Job title (See Instructions) law enforcement			Employer (See Instructions)  Harris Co		
Date	Full name of contributor		C (ID#:)		Amount of contribution (\$)
12/09/23	Contributor address;	City;	State;	Zip Code	100.00
	19006 Serrano Gap Ct	Cypress	TX	77429	
Principal occupation / Job title (See Instructions)  unemployed			Employer (See Instructions)  N/A		
Date	Full name of contributor Tony Spears	out-of-state PAC	(ID#:)		Amount of contribution (\$)
12/09/23	Contributor address;	City;	State;	Zip Code	25.00
	1719 Panorama Dr Lo	ocus Grove	GA	30248	
Principal occup	ation / Job title (See Instructions) unemployed		Employer (See Instructions) N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	JIMMY LEE E	VANS, III	, ,		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/23	5 Full name of contributor Lajah Richardson	out-of-state PA	C (ID#:	)	7 Amount of contribution (\$)
12/11/23	6 Contributor address;	City;	State;	Zip Code	100.00
	3518 Tealwater Ct	Katy	TX	77449	
8 Principal occu	upation / Job title (See Instructions) law enforcement		9 Empl	loyer (See Instru	ctions) Harris Co
Date	Full name of contributor Kemarley Braham	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
12/11/23	Contributor address;	City;	State;	Zip Code	250.00
	1011 Honeysuckle Vine Dr	Rosenberg	TX	77469	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
	law enforcement				Harris Co
Date 10/40/00	Full name of contributor Willie Hodge	out-of-state PA		)	Amount of contribution (\$)
12/13/23	Contributor address;	City;	State;	Zip Code	250.00
	PO Box 681463	Houston	TX	77268	
Principal occu	pation / Job title (See Instructions) Entrepreneur		Empl	oyer (See Instru	ctions) Self Employed
Date	Full name of contributor Craig Player	out-of-state PA	C (ID#:		Amount of contribution (\$)
12/13/23	Contributor address;	City;	State;	Zip Code	1000.00
	1428 Shadybrook	DeSoto	TX	75115	
Principal occu	pation / Job title (See Instructions) unemployed		Empl	loyer (See Instru	ctions) N/A

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains ho	w to complete thi	s form.	1 Total pages Schedule A1: 10	
FILER NAME	JIMMY LEE I	EVANS, III		3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor Darrell Burns, Sr.	out-of-state PAC (ID#:)		7 Amount of contribution (\$)	
12/13/23	6 Contributor address;	City;	State; Zip Code	100.00	
	13726 Firerock Dr	Houston	TX 77085		
Principal occu	pation / Job title (See Instructions law enforcement	s)	9 Employer (See Instr	ructions) SJCPD	
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions	)	Employer (See Instr	uctions)	
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	 pation / Job title (See Instructions	)	Employer (See Instr	ructions)	
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions	)	Employer (See Instr	ructions)	
<u>'</u>					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME	JIMMY LEE EVANS, III		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 2691.20		
5 Date 12/08/23	6 Full name of contributor □ out-of-state PAC (ID#:		Contribution \$ 2691.20	g In-kind contribution description Signage de of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL)(See Instructions) law enforcement		Employer (FOR NON-JUDICIAL)(See Instructions)  Harris Co		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	    de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF		ULE AS NEEDED	a roquiroments	

If contributor is out-of-state PAC, please see Instruction guide for additional rep

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME JIMMY LEE EVAN	3 Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08/15/23	5 Payee name HARLAND CLARKE CHECK/ACC. 0814	423 00685297575482 JIMMY L EVANS (\$40.33)			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
40.33	3981 BARKER CYPRESS RD	HOUSTON TX 77084		77084	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Checks			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date 09/05/23	Payee name PURCHASE AUTHORIZED ON 09/04 FA S463247799816957 CARD 9298	ACEBK L3HD5RB	L42 650-54348	00 CA	
Amount (\$)	Payee address;	City;	State;	Zip Code	
10.00	Facebook 1 Hacker Way	Menlo Park	CA	94025	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date 09/08/23					
Amount (\$)	Payee address;	City; State; Zip Code		Zip Code	
12.17	Facebook 1 Hacker Way	Menlo Park	CA	94025	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	of Advertising Expense / Advertising				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,		in, TX, officeholder living	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	,	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing Expense	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		sing Expense pment & Related Expense ct pory not listed above)				
Credit Card Payment	The Instruction Guide explains how to	complete this form.						
1 Total pages Schedule F1:	2 FILER NAME JIMMY LEE EVANS, III  3 Filer ID (Ethics Commission Filers)							
<b>4</b> Date 09/20/23	5 Payee name TGM PRINTING							
6 Amount (\$)	Payee address; City; State; Zip Code			Zip Code				
169.44	13910 Murphy Rd	Stafford TX 77477						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF EXPENDITURE	Advertising Expense	si	gns, push card	S				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
10/10/23	JS MCEWEN SERVICE	S LLC c/o Sataria	a McEwen					
Amount (\$)	Payee address;	City;	State;	Zip Code				
187.00	24206 Wild Bramble Ln	Katy	Katy TX 77					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Advertising Expense		T-shirts					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
11/25/23	FBC Democ	ratic Party						
Amount (\$)	Payee address;	City;	State;	Zip Code				
1000.00	13515 Southwest Fwy #204	Sugar Land	TX	77478				
74 - 1	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Polling Expense	Expense DNC Primary						
	Check if travel outside of Texas. Complete Schedule T.	s. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	*	Office held				
1 1 1 p	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The state of the s	ing Expense ries/Wages/Contract Labor	Travel Out Of Dis Other (enter a cate	trict egory not listed above)		
orodit odia i ayribit	The Instruction Guide explains how	to complete this form.				
<b>1</b> Total pages Schedule F1:	Total pages Schedule F1: 2 FILER NAME  JIMMY LEE EVANS, III			ics Commission Filers)		
4 Date	5 Payee name					
11/25/23	Cynthia Ginyard, Chair, Democratic Party c/o TX Ethics Commission					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
1000.00	13515 Southwest Fwy #204	Sugar Land	TX	77478		
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description		**		
PURPOSE OF EXPENDITURE	Polling Expense		DNC Primary			
	(c) Check if travel outside of Texas, Complete Schedule T	Г. Check if Austi	in, TX, officeholder livi	ing expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
12/04/23	New Territory Residential Community Association					
Amount (\$)	Payee address;	City;	State;	Zip Code		
340.00	6101 Homeward Way	Sugar Land	TX	77479		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense		Meet & Greet			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
08/14/23 - 12/13/23		ACTBLUE				
Amount (\$)	Payee address;	City;	State;	Zip Code		
196.56	366 Summer St	Somerville	MA	02144-3132		
	Category (See Categories listed at the top of this schedule)	Description		-		
PURPOSE OF EXPENDITURE	Accounting/Banking		Fees			
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austir	n, TX, officeholder livir	ng expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

ii the requested in	iornation is not applicable, <b>DO NOT In</b>	iciuae this i	page in the r	eport.	
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic. Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/0	Rental Expense	Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment	The Instruction Guide explains	how to comple	ete this form.		
1 Total pages Schedule F1:	2 FILER NAME JIMMY LEE	E EVANS, II		3 Filer ID (Ethic	es Commission Filers)
<b>4</b> Date 08/17/23 - 09/17/23	5 Payee name	PAYPA	L		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
5.32	2211 N 1st St		San Jose	CA	95131
8	(a) Category (See Categories listed at the top of this sc	chedule) (b)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking			Fees	
·	(c) Check if travel outside of Texas. Complete Scho	edule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	(	Office sought		Office held
Date	Payee name	, , , , , , , , , , , , , , , , , , , ,			
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	redule)	Description		
	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	(	Office sought	4	Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	edule)	Description		
	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held

# **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Over Polling Exp Printing Exp		Transportation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
	The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER NAME JIMMY LEE	EEVANS	S, III	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$	
<b>5</b> Date 08/09/23	6 Payee name PIGGY'S RESTAURANT				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
1100.00	3412 West Lamar Street		Houston	TX	77019
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense			Meet & Greet	
	(c) Check if travel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	eld
Date 11/27/23	Payee name (TDP) TX Democratic Party				
Amount (\$)	Payee address;		City;	State;	Zip Code
550.00	13515 Southwest Fwy #204		Sugar Land	TX	77478
TYPE OF EXPENDITURE	X Political	Non-Po	litical		
	Category (See Categories listed at the top of this	schedule)	Description	-	
PURPOSE OF EXPENDITURE	Solicitation/Fundraising exper	ise		Database Fees	
	Check if travel outside of Texas. Complete S	Schedule T.	Check if A	ustin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	ffice sought	Office h	neld
X	ATTACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NE	EDED	

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Was	ges/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME JIMMY LEE EVANS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRE	EDIT CARD	\$	
5 Date 12/21/23	6 Payee name (TDP) TX Democratic Party			
<b>7</b> Amount (\$)	8 Payee address;	City;	State; Zip Code	
550.00	13515 Southwest Fwy #204	Sugar Land	TX 77478	
9 TYPE OF EXPENDITURE	X Political Non-Polit	tical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Solicitation/Fundraising expense		Database Fees	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Officeholder	ice sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Polit	tical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Offi	ice sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NE	EDED	